



RADIO COMMUNICATION POLICY

PURPOSE

To define the requirements for communication reports between EMS personnel and hospitals. The purpose of communication between EMS personnel and hospitals is to relay essential information to allow the hospital to prepare for the patient, and as necessary, to allow a Base Station to provide Medical Control and consultation to the ALS provider. The communication report should be brief, concise, and include only the information that impacts the care of the patient in the field, and when the patient initially arrives in the hospital. It should not include unnecessary information, or impede the EMS providers focus on patient care. The communications report is not intended to be the complete patient report nor is it equivalent to the “face-to-face” report to the Emergency Department staff at the hospital. Communication reports should be given to the hospital by EMS while on scene, or as soon as possible after departing the scene. Transport of unstable patients, or patients meeting Trauma Triage Criteria shall not be delayed for a communications report. ALS providers may only accept orders from Base Stations within the ICEMA region. Patient names shall not be given over the radio except at the request of the base station physician, and with the prior approval of the patient. Base Station Physicians may give any medically appropriate order within the prehospital provider’s scope of practice.

BLS UNITS

BLS communication reports contain minimal information since BLS units:

- a) Cannot be diverted; and
- b) Cannot carry out medical control orders

BLS communications reports contain:

- a) The EMS unit identifier, and that it is a BLS report;
- b) The patient’s age, sex, chief complaint/injury, and ETA;
- c) Vital signs, Glasgow Coma Scale, and other pertinent signs/symptoms and information.

ALS UNITS

Receiving Hospital communication reports are designed for:

Informing the *receiving* hospital (Base station or otherwise) of incoming patients not requiring medical control orders or consultation.

Receiving Hospital communications reports contain:

- a) The EMS unit identifier, that it is a *receiving hospital* report, and the provider's name/certification level;
- b) The patient's age, sex, chief complaint/injury and ETA;
- c) Information that impacts patient care.

Base Station communication reports are for:

1. Requesting consultation or medical control orders from a Base Station;
2. Informing or consulting with a Specialty Base Station (Trauma, STEMI, Stroke Center, etc...)
3. Patients receiving ALS interventions:
 - a. Who do not improve; or
 - b. Who are not being transported by ambulance; or
 - c. Prior to terminating resuscitative efforts.
4. All patients under nine years old that are not transported by ambulance. Base Station contact shall be made while the EMS provider is on scene (if safe).
5. Interfacility transfers needing medications and/or a destination change per protocol #8010.
6. Multiple Casualty Incidents (MCI) per protocol #5050.

Base Station communications reports are to contain:

- a) The EMS unit identifier, that it is a *Base Station* report, and the provider's name/certification level;

- b) The severity of the patient, and if the patient is a “specialty” patient (Trauma, STEMI, Stroke, etc.);
- c) Patient age, sex, general appearance, weight in kilos, and level of responsiveness (or Glasgow Coma Scale when appropriate);
- d) Chief complaint/injuries, and mechanism of injury/patient situation;
- e) Vital signs, cardiac monitor reading, and remarkable physical exam findings;
- f) Pertinent medical history;
- g) Prior to contact treatment initiated and patient response;
- h) Information that impacts patient care;
- i) ETA.

Base Stations will provide:

- a) Contact time, and the name of the MICN (and Base Station Physician when present);
- b) Consultation and medical control orders appropriate to the patient condition.
- c) Acknowledgement of prior to contact medications and patient response.

PATIENT DESTINATION

Patient/guardian/family/law enforcement requests for a given hospital with Emergency Department capability should be honored. Exceptions may include:

- a) Patient condition and/or protocol require transport to a closer or more appropriate (Specialty) hospital.
- b) All patients on a 5150 hold must go to the closest facility for medical clearance prior to transfer to a psychiatric facility.
- c) Requested hospital is on internal disaster.
- d) Requested hospital is significantly beyond the primary transport area of the transporting department or division.

In cases where the patient/guardian is demanding transport to a facility against the judgment of the paramedic, Base Station contact will be made, and patient destination becomes the responsibility of the Base Station Physician. If the patient/guardian continues to demand transport to a facility against the judgment of the Base Station Physician, they must be informed of the risks of their decision, up to and including death. The patient/guardian may sign a Release of Liability to go to their hospital choice. The Patient Care Report will document the circumstances of the refusal.

HELICOPTER TRANSPORTS

In San Bernardino County, the San Bernardino County Communications Center (Comm Center) will assign the destination hospital for trauma patients when a request for a helicopter is received.

1. When possible, Comm Center will notify both the ground EMS units and the responding helicopter of the assigned destination hospital.
2. Trauma Base Contact should be made as soon as practical by the ground EMS personnel or the aircrew.
3. Whenever possible, **Trauma Base contact will be made with the Trauma Hospital that will actually be receiving the patient.**
4. Upon arrival of the helicopter, the ground EMS personnel will give a patient report to the aircrew, and include:
 - a) The assigned destination hospital (if known);
 - b) If Trauma Base contact has been made (and with which Trauma Base); and
 - c) If the assigned destination hospital was changed (and the reason for the change).
5. The helicopter aircrew will contact the *actual* receiving Trauma Hospital to:
 - a) Request a landing pad assignment;
 - b) Provide a patient report, or update on patient condition; and
 - c) Inform them if Trauma Base contact was originally made with a different Trauma Base.

If the original Trauma Base contact was made with a different Trauma Base, the actual receiving Trauma Hospital will notify the original Trauma Base of the change in destination.

INTERFACILITY TRANSPORT GUIDELINES (ALS) PROTOCOL 8010

Interfacility transport patients with a deteriorating condition significant enough to require medication administration and/or a destination change require Base Station contact.

- a. Paramedics may initiate prior to contact protocols, and shall make Base Station contact. The Base Station will be notified of the status change of the patient, the medications administered prior to contact and any need for further orders or destination changes.
- b. The Base Station shall notify both the sending facility and the original receiving facility of a destination change.
- c. The Base Station will include an evaluation of any destination change in their ICEMA CQI report.